

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

Child's name Address and Supplemental
ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

1. County of Graham State Index No. 184
District of Safford County Registrar No. 429
Town of Bryce Local Registrar No. 405
or
City of _____ No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Norman Eugene Norton (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. Legitimate? Yes 6. Date of birth 7 9 24
Month day year

7. FATHER Full name Walter Norton 14. MOTHER Full maiden name Ethel Helms

8. Residence (Usual place of abode) Bryce 15. Residence (Usual place of abode) Bryce
If nonresident, give place and state Arizona If nonresident, give place and state Arizona

9. Color or race White 16. Color or race White 17. Age at last birthday 26 (Years)
18. Age at last birthday 19 (Years)

12. Birthplace (city or place) Arizona 13. Birthplace (city or place) Texas
(State or country) (State or country)

13. Occupation Farmer 14. Occupation Housewife
Nature of industry Nature of industry

20. Number of children of this mother (a) Born alive and now living 6 (b) Born alive but now dead 0 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? yes

(Taken as of time of birth of child herein certified and including this child.)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at _____ m. on the date above stated.
(Born alive or stillborn)

Signature J. W. Morris (Physician or midwife)
Address Pima

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.

Given name added from _____
supplemental report _____ Month, day, year.

Filed Aug 8 1924 Hattie W. Schenk Local Registrar.
Filed Aug 8 1924 D. L. Schenk County Registrar.

Registrar. _____

555-709-582